

Wake County ALS System Entry Application

To be completed by an officer of the sponsoring agency.

Date: ___/___/___ Sponsoring Agency: _____ County ID#: _____

First Name: _____ MI: ___ Last Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Primary Phone Number: (____)____ - _____ Email Address: _____

Circle the credential level for which you are seeking approval? **Intermediate** **Paramedic**

Have you ever taken the Wake County System Entry exams?

No **Yes:** If so, when was the last time you tested? ___/___/___

If you failed exams; which ones? **Written** **EKG** **Scenario**

Check the most Applicable (only one):

_____ Currently possess a North Carolina Intermediate or Paramedic credential and applying for approval to practice in the Wake County EMS System.

If you check this option, you must: Submit a current copy of the credential noted above or . . .

(Signature) _____ (Printed Name) _____

Have your sponsoring officer sign here that he/she has verified that you are credentialed as noted above.

_____ Certified in another State and seeking ALS credentialing by legal recognition:

Note: You must have begun the legal recognition process with NC OEMS. Attach a copy of OEMS documentation of such to this application.

Applications without proper documentation will not be accepted and you will not be allowed to test.

Department Officer Statement

I certify that the above named candidate has met with me and to the best of my knowledge has met the requirements to take the System Entry exams. I also testify that I have verified that the candidate is credentialed at the level for which he/she is applying to practice or in the case of legal recognition, has begun that process with NC OEMS.

Signature of Department Officer

___/___/___
Date

Printed Name

Department Rank